Missouri Weekly Influenza Report
2007-2008 Season[1]

Missouri is reporting "Sporadic" to the CDC for Week 20[2].

To view influenza maps click here. Each map will give county data by placing the cursor over the county.

THIS IS THE FINAL REPORT FOR THE 2007-2008 SEASON.

Table 1. Reported Laboratory cases by sub-type for the Week ending May 17, 2008 (Week 20)

Serogroups	A (non-typed)	A (H1)	A (H1N1)	A (H3)	B	A or B Untyped (rapid test)	Total
Week 20	2				1	1	4

4 cases by rapid non-culture diagnostic test have been reported for week 20.

Table 2. Influenza Season-to-Date and 5-season Median by Influenza Type Through Week Ending May 17, 2008 (Week 20)

Influenza Type	2007-08 Season	5-Season Median	Percent Change from 5-Season Median
Influenza A	17,720	7,835	126.2%
Influenza B	5,766	1,032	458.7%
Influenza Unknown Or Untyped	7,492	3,274	128.8%
Total	30,978	12,991	138.5%

Table 3. Influenza Season-to-Date and 5-season Median by Age Group Through Week Ending May 17, 2008 (Week 20)

Age Group	2007-08 Count	5-Season Median	Percent Change from 5-Season Median
00-<02	3,332	1,685	97.7%
02-04	3,631	1,657	119.1%
05-14	6,435	2,754	133.7%
15-24	4,032	1,326	204.1%
25-49	8,076	1,970	309.9%
50-64	2,681	599	347.6%
65+	2,791	1,277	118.6%
Total	30,978	12,991	138.5%

Table 4. Influenza Season-to-Date and 5-season Median by Region Through Week Ending May 17, 2008 (Week 20)

Region	2007-08 Count	5-Season Median	Percent Change from 5-Season Median
CE	5,361	1,784	200.5%
EA	10,069	4,146	142.9%
NW	9,034	3,868	133.6%
SE	2,126	690	208.1%
SW	4,388	2,017	117.6%
Total	30,978	12,991	138.5%

Table 5. Deaths involving Pneumonia and Influenza (P&I)
Reported During the Week Ending May 10, 2008 (Week19)*

Week 19	Season-to-Date	Week 19 Last Season	5 Year Weekly Median
82	2614	60	81

* Beginning in Week 35 of 2003, the number of P&I deaths became based on a new system of retrieval that now includes all contributing causes of death from death certificates.

Graph 1. Influenza 2007-08 Season-To-Date as compared to the previous 4 influenza seasons
Through the Week Ending May 17, 2008 (Week 20)

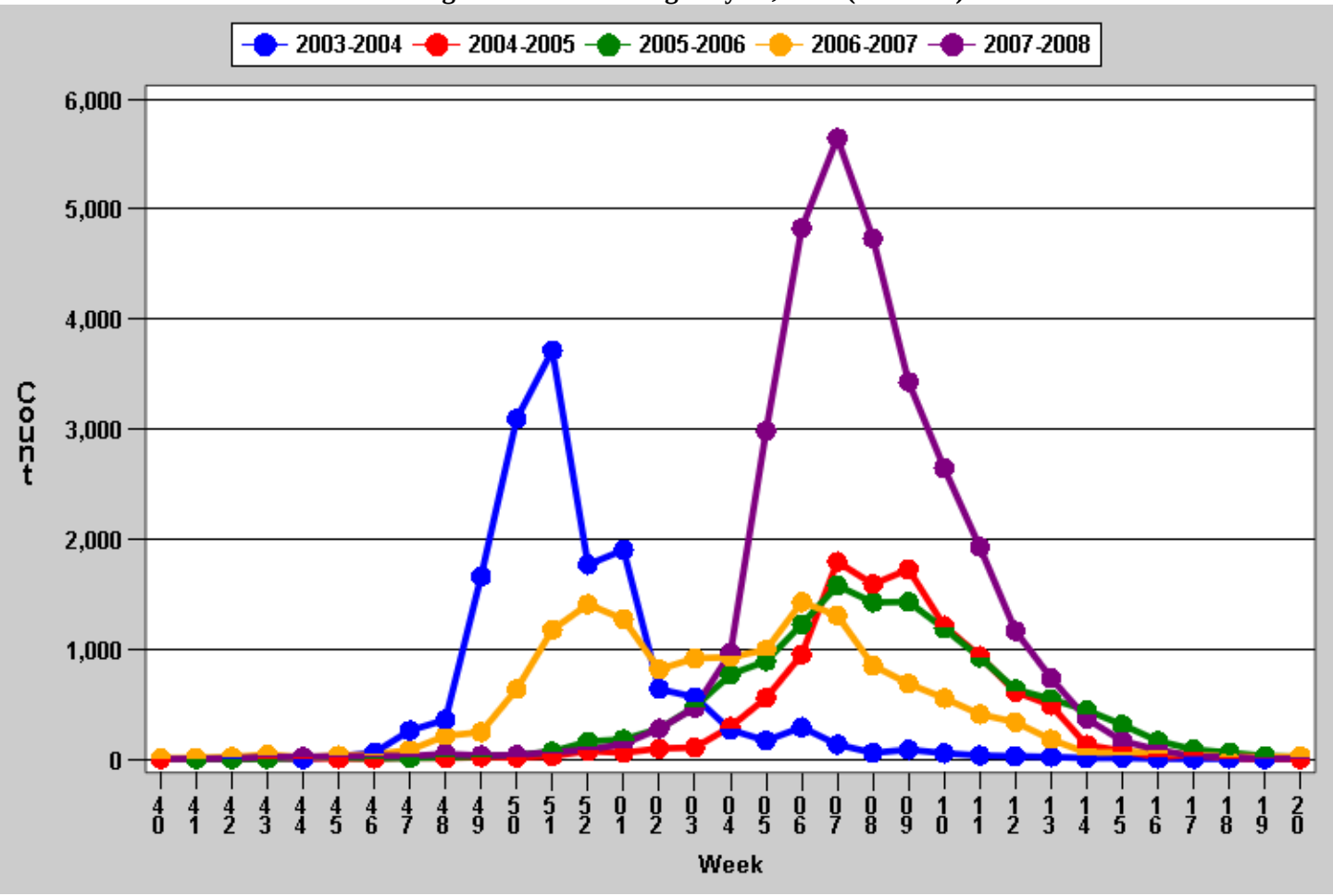


Table 6. Respiratory Specimens Submitted to SPHL for Viral Testing
Through the Week Ending May 17, 2008 (Week 20)*

	Positive Influenza	Total Number Specimens Submitted
Week 20	0	0
Season-to-Date	91	186

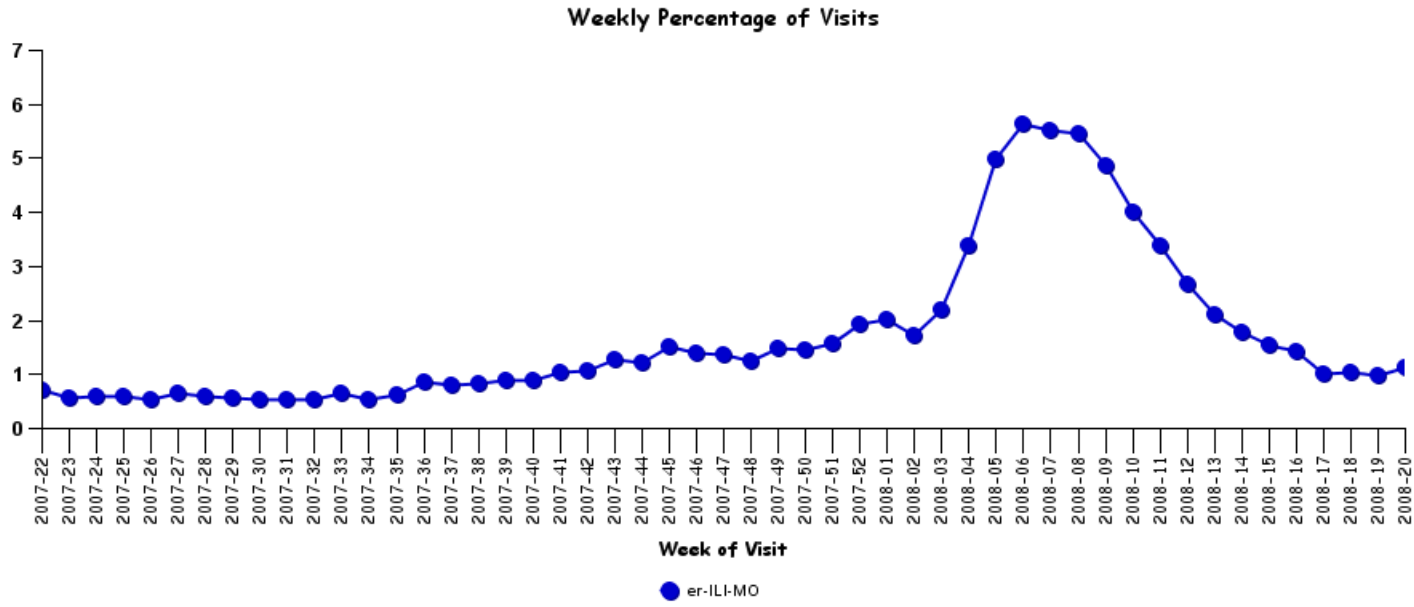
*Number positives also represent past weeks specimens submitted.

Table 7. U.S. Influenza Sentinel Physicians Surveillance Network (USISPSN)* Influenza-like Illness (ILI) for the Week Ending May 10, 2008 (Week 19)

Age 0-4	Age 5-24	Age 25-64	Age 65+	Total ILI Patients Seen	Total Patients Seen	Percent ILI**
0	1	0	0	1	680	0.14

*To learn about USISPSN, view the following website: http://www.cdc.gov/flu/weekly/fluactivity.htm
**This is below the regional baseline percent of 1.5%

Graph 2. Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE)* Weekly percent of ER visits with the chief complaint of Influenza-like Illness, from participating hospitals. Through the Week Ending May 17, 2008 (Week 20)



*To learn more about ESSENCE, view the following website: http://www.dhss.mo.gov/ESSENCE/

Antigenic Characterization of Missouri Influenza Isolates submitted to CDC by the State Public Health Laboratory: CDC antigenically characterizes a sample of positive Missouri influenza isolates, submitted through the Missouri Department of Health and Senior Services (DHSS), State Public Health Laboratory (SPHL). DHSS has submitted twenty-eight influenza isolates this season to CDC for antigenic characterization.

Results Received from CDC: Influenza B viruses currently circulating can be divided into two antigenically and genetically distinct lineages represented by **B/Yamagata/16/88 and B/Victoria/2/87** viruses.

CDC has antigenically characterized three isolates this season from Missouri: B/FLORIDA/04/2006-LIKE virus, A/WISCONSIN/67/2005-LIKE (H3N2) LOW and A/BRISBANE/10/2007-LIKE (H3N2).

Both LAIV and TIV contain strains of influenza viruses that are antigenically equivalent to the annually recommended strains: one influenza A (H3N2) virus, one influenza A (H1N1) virus, and one influenza B virus. Each year, one or more virus strains might be changed on the basis of global surveillance for influenza viruses and the emergence and spread of new strains. Only the H1N1 strain was changed for the recommended vaccine for the 2007–08 influenza season, compared with the 2006–07 season. Viruses for both types of currently licensed vaccines are grown in eggs. Both vaccines are administered annually to provide optimal protection against influenza virus infection. Both TIV and LAIV are widely available in the United States. Although both types of vaccines are expected to be effective, the vaccines differ in several aspects.

Clusters/Outbreaks of Influenza-like Illness: No school closings have been reported for week 20 of current season; No school closings were reported last season. No outbreaks have been reported for week 20 of the current season; no outbreaks were reported last season.

Data Sources: Laboratory-confirmed cases are reported to DHSS through the passive communicable disease surveillance system. Suspected influenza clusters and outbreaks are reported through the active surveillance system. Pneumonia and influenza deaths are reported through the DHSS Bureau of Vital Records. Influenza-like illness data by age category and total number of patient visits by week are reported voluntarily by participants in the U.S. Influenza Sentinel Physicians Surveillance Network.

Find Us on the Web

This report may also be found on the DHSS Internet at: www.dhss.state.mo.us/Influenza/index.html.

National influenza surveillance information is available from the Centers for Disease Control and Prevention at: www.cdc.gov/ncidod/diseases/flu/weekly.htm.

Contact Us

The Missouri Department of Health and Senior Services after hours number for reporting disease cases and emergencies is **1-800-392-0272**.

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[1] ***All data in this report are provisional and may change as reports are updated.***

[2] ***Influenza activity codes are reported to CDC each Monday.***